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Bib Data Sheet

CONFIRMATION NO. 2322

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|------------------------------------|---|---------------------------------------|--|--------------------------------------|
| SERIAL NUMBER 09/728,833 | FILING DATE 11/30/2000 RULE | CLASS 379 370 | GROUP ART UNIT 2642 2664 | ATTORNEY DOCKET NO. 00-421 |
|------------------------------------|---|---------------------------------------|--|--------------------------------------|

APPLICANTS
Guido M. Schuster, Zurich, SWITZERLAND;
Ikhlag S. Sidhu, Vernon Hills, IL;
Andrew Bezaitis, Chicago, IL;
Thomas Gentles, Algonquin, IL;

**** CONTINUING DATA ******* *YES J.A.F.*
THIS APPLICATION IS A CIP OF 09/515,798 02/29/2000 *
(*) Data inconsistent with PTO records.

**** FOREIGN APPLICATIONS ******* *NO J.A.F.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *J.A.F.*
**** 01/17/2001**

| | | | | | |
|---|---|---------------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY SWITZERLAND | SHEETS DRAWING 15 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 5 |
|---|---|---------------------------------|----------------------|--------------------|-------------------------|

Verified and Acknowledged
Examiner's Signature *James A. Top* Initials *J.A.F.*

ADDRESS
20306

TITLE
System and method for providing service provider configurations for telephones using a central server in a data network telephony system

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 1028 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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